Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

1b Three-digit plan number (PN) ▶ 333

1c Effective date of plan 01/01/2004

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
EEMPLOYERS SOLUTIONS, INC.

12211 HUEBNER ROAD
SAN ANTONIO, TX 78230

2b Employer Identification Number (EIN)
74-2884279

2c Plan Sponsor's telephone number
210-495-1171

2d Business code (see instructions)
561300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2019	PATRICIA JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2019	PATRICIA JONES
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	1178
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1018
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1005
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	144
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	1149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	601
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EEMPLOYERS SOLUTIONS, INC.

D Employer Identification Number (EIN)
74-2884279

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 38 50	TPA	136008	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MGMT	14523	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

EEMPLOYERS SOLUTIONS, INC.

74-2884279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	13238	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: BDO USA, LLP
b EIN: 13-5381590
c Position: ACCOUNTANT
d Address: 9901 IH-10, SUITE 500
SAN ANTONIO, TX 78230
e Telephone: 210-820-3900

Explanation: SERVICE BEING PROVIDED BY UHY LLP

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

a Name:
b EIN:
c Position:
d Address:
e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EEMPLOYERS SOLUTIONS, INC.

D Employer Identification Number (EIN)
74-2884279

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14259	53942
(2) Participant contributions	1b(2)	62485	52731
(3) Other	1b(3)	2024	2392
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		2125789
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	195325	382761
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11883241	13203978
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	12157334	15821593
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12157334	15821593

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1309000	
	(B) Participants	2a(1)(B)	2230236	
	(C) Others (including rollovers)	2a(1)(C)	1044330	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4583566
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	14617	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14617
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	488062	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		488062
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1244984
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3841261
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1602296	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1602296
f Corrective distributions (see instructions)	2f		11952
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	149245	
(3) Investment advisory and management fees	2i(3)	14523	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		163768
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1778016
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2063245
l Transfers of assets:			
(1) To this plan	2l(1)		2004676
(2) From this plan	2l(2)		403662

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: UHY LLP (2) EIN: 20-0694403

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		373095
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
TLC TOTAL LAWN CARE 401K PLAN	52-2258688	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan
EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

B Three-digit plan number (PN) ▶ 333

C Plan sponsor's name as shown on line 2a of Form 5500
EEMPLOYERS SOLUTIONS, INC.

D Employer Identification Number (EIN)
74-2884279

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 65-0708495

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

eEMPLOYERS SOLUTIONS, INC.
MULTIPLE EMPLOYER PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2018 and 2017 and
for the year ended December 31, 2018

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplementary Information	
Schedule H – Line 4a – Schedule of Delinquent Participant Contributions	14
Schedule H – Line 4i – Schedule of Assets (Held at End of Year)	15

UHY LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
eEmployers Solutions, Inc. Multiple Employer Plan

We have audited the accompanying financial statements of the eEmployers Solutions, Inc. Multiple Employer Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the 2018 Financial Statements

Management is responsible for the preparation and fair presentation of the 2018 financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility on the 2018 Financial Statements

Our responsibility is to express an opinion on the 2018 financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the eEmployers Solutions, Inc. Multiple Employer Plan as of December 31, 2018, and the changes in net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit of the Plan's financial statements as of and for the year ended December 31, 2018, was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2018, is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Matter – Report on 2017 Financial Statements

The financial statements of the eEmployers Solutions, Inc. Multiple Employer Plan as of December 31, 2017, were audited by other auditors whose report dated October 19, 2018, expressed an unmodified opinion on those statements.

UHY LLP

Sterling Heights, Michigan
October 15, 2019

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2018	December 31, 2017
ASSETS		
Investments at fair value	**$ 15,329,767**	$ 11,883,241
Receivables		
Employer contributions	**53,942**	14,259
Participant contributions	**52,731**	64,509
Other employer contributions	**2,392**	-
Notes receivable from participants	**382,761**	195,325
Total receivables	**491,826**	274,093
Total assets	**15,821,593**	12,157,334
LIABILITIES - Excess contributions payable	**17,938**	12,008
Net assets available for benefits	**$ 15,803,655**	$ 12,145,326

See notes to financial statements.

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2018

ADDITIONS TO NET ASSETS ATTRIBUTED TO	
Investment income	
Net depreciation in the fair value of investments	$ (1,244,073)
Dividends	488,062
Interest income on notes receivable from participants	14,617
Contributions	
Employers	1,305,988
Participants	2,214,455
Rollovers	1,044,330
Total additions	3,823,379
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO	
Benefits paid to participants	1,602,296
Administrative expenses	163,768
Total deductions	1,766,064
NET INCREASE IN NET ASSETS	2,057,315
TRANSFERS FROM OTHER PLANS	2,004,676
TRANSFERS TO OTHER PLANS	(403,662)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	12,145,326
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 15,803,655

See notes to financial statements.

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2018 and 2017

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the eEmployers Solutions, Inc. Multiple Employer Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all employees of eEmployer Solutions, Inc. (the "Company") and its adopting employers, except for non-resident aliens and employees covered by a collective bargaining agreement. Participation in the Plan is discretionary for all eligible employees who have completed one year of eligible service, as defined by the Plan, unless modified by the adopting employer. The defined contribution 401(k) profit sharing plan and trust was established by the Company on January 1, 2004, was restated on November 1, 2018 and offers this arrangement to multiple employers.

All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each companies' adopted plan agreement should be referred to by the participants for additional information regarding Plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Custodian

Fidelity National Financial Services (through FIS Reliance Trust, Inc.) is the Plan's custodian. Fidelity National Financial Services (through FIS Reliance Trust, Inc.) invests all participant and employer contributions, as well as earnings thereon, pursuant to the terms of the Plan.

Contributions

The Plan allows participants to elect to defer a portion of their compensation up to 100%, including any catch-up contributions for participants who have attained age 50, not to exceed the maximum amounts allowed for by the Internal Revenue Code (IRC) and the Plan documents. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions, including their employer contributions, into various investment options offered by the Plan. The amount of the participant's deferred compensation is treated as a participant elective contribution, allocated to that participant's elective account, and is 100% vested at the time of contribution. Any portion of this contribution can be elected by the participant as a Roth contribution. The participating employer may contribute a discretionary matching percentage of the amount deferred by the employee. The participating employer may also contribute a discretionary profit-sharing contribution, as determined annually, to the Plan each year. Contributions are accumulated and invested, as directed by participants, in a trust fund held by the custodian.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with an allocation of (a) the employers' discretionary matching contribution; (b) the employers' discretionary profit-sharing contribution; (c) the participants' voluntary contributions, transfer contributions, and rollover contributions; and (d) Plan earnings. The accounts are charged for any withdrawals, distributions, and administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Each participating employer provides vesting of discretionary matching and profit-sharing contributions; see specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination. Participants are fully vested immediately with respect to employee contributions, rollovers and earnings thereon.

Forfeitures

Forfeitures are used to pay Plan expenses or to reduce employer contributions, at the adopting employers' discretion. During the year ended December 31, 2018, no forfeitures were used to pay Plan expenses or reduce employer contributions. Total unallocated forfeitures at December 31, 2018 and 2017 amounted to $50,748 and $17,072, respectively.

Payment of Vested Benefits

Participants, or their beneficiaries, are entitled to receive the entire amount of their interests in the Plan upon retirement, death, total or permanent disability, employment termination, reaching the age of 59 ½ or qualifying for a hardship distribution, as defined in the Plan. A participant will be considered to have suffered a disability if he or she is permanently unable to perform his or her customary duties for the employer due to a mental or physical condition which can be expected to result in death, or be of a long continued and indefinite duration as determined by the plan administrator. On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or payments over a certain period in monthly, quarterly, semi-annual, or annual cash installments.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

If the participants vested balance is less than or equal to $1,000, the entire sum will be distributed as soon as possible following the participant's separation from service. If the participants vested balance is less than or equal to $5,000, but greater than $1,000, the entire sum will be rolled into an IRA. If the participants vested balance is greater than $5,000, they can elect to receive a lump-sum distribution. At December 31, 2018, there were no requested distributions that had not been paid as of the Plan year end.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of the lesser of $50,000 or 50% of the vested balance in the participant's account. The loans are secured by the vested balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator. The term of such loans may not exceed five years except in the case of a loan for the purchase of a principal residence which may not exceed fifteen years. The Plan was amended effective March 1, 2018 to increase the maximum number of loans outstanding per participant from one loan to two loans at a time, and to prohibit the refinancing of loans. Principal and interest is paid ratably, through payroll deductions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of certain accounting policies followed in the preparation of these financial statements.

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisor, custodian, and insurance company. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2018 and 2017. Delinquent participant loans are recorded as distributions on the basis of the terms of the Plan agreement.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the plan sponsor. Expenses paid by the plan sponsor are excluded from these financial statements. Fees related to the administration of notes receivable from participants and participant distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 15, 2019, the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period.

NOTE 3 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

NOTE 3 – FAIR VALUE MEASUREMENTS (Continued)

Money market fund: Valued at the daily closing price as reported by the fund. The money market fund is an open-end fund that is registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The money market fund is deemed to be actively traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2018 and 2017.

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 2,128,467	$ -	$ -	$ 2,128,467
Mutual funds	13,201,300	-	-	13,201,300
Total assets at fair value	$ 15,329,767	$ -	$ -	$ 15,329,767

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 1,345,338	$ -	$ -	$ 1,345,338
Mutual funds	10,537,903	-	-	10,537,903
Total assets at fair value	$ 11,883,241	$ -	$ -	$ 11,883,241

For the year ended December 31, 2018, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTE 4 – TAX STATUS

The Plan uses a volume submitter plan sponsored by Slavic Integrated Administration, Inc. dba Slavic 401k.com. The Internal Revenue Service (IRS) has determined and informed the plan sponsor by a letter dated March 31, 2014, that the volume submitter plan and related trust are designed in accordance with applicable sections of the IRC. The Plan itself is not required to and has not received a determination letter from the IRS. Although the Plan has been amended since receiving this letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2018, there were direct fees of $136,007 paid to Slavic Integrated Administration, $13,238 paid to eEmployers Solutions, Inc., and $14,523 paid to Slavic Mutual Fund Management Corp., parties-in-interest as defined in Section 3(14) of ERISA. During the years ended December 31, 2018 and 2017, there were transactions involving the investment of plan assets in investment funds maintained by Fidelity National Financial Services (through FIS Reliance Trust, Inc.), a party-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net depreciation of the fair value of investments.

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 7 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31,	
	2018	2017
Net assets available for benefits per the financial statements	$ 15,803,655	$ 12,145,326
Plus: excess contributions payable	17,938	12,008
Net assets available for benefits per the Schedule H of Form 5500	$ 15,821,593	$ 12,157,334

The following is a reconciliation of the net increase in net assets per the financial statements for the year ended December 31, 2018 to Schedule H of Form 5500:

Net increase in net assets per the financial statements	$ 2,057,315
Current year excess contributions payable	17,938
Prior year excess contributions payable	(12,008)
Net increase in net assets per Schedule H of Form 5500	$ 2,063,245

NOTE 9 – TIMELY REMITTANCE OF CONTRIBUTIONS

During the year ended December 31, 2018, there were instances of noncompliance in remitting participant contributions as soon as they could be reasonably segregated. Untimely remittance of participant contributions constitutes a prohibited transaction under ERISA section 406. Lost earnings in the amount of $211 were not paid into the Plan as of the date of issuance of the financial statements.

NOTE 10 – SUBSEQUENT EVENT

Effective January 1, 2019, the Plan was amended to permit in-service withdrawals for participants who have attained age 59 ½ once per calendar month. In-service withdrawals of voluntary after-tax contributions and rollovers will be permitted at any time. Partial distributions upon termination of a participant's employment will be permitted once per calendar month if the participant is of age 59 ½ or older.

Effective January 1, 2019, the Plan was amended to remove the suspension of elective deferrals and employee contributions to the Plan for the 6-month period following the date of the participant's hardship distribution. Participants of the Plan are no longer required to obtain all taxable loans available under the Plan in order to receive a hardship withdrawal.

SUPPLEMENTARY INFORMATION

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN

EIN # 74-2884279, Plan # 333

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Year ended December 31, 2018

Participant Contributions Transferred Late to the Plan		Total that Constitute Nonexempt Prohibited Transactions			
Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
X	$ 373,095	$ -	$ 373,095	$ -	$ -

eEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN
EIN # 74-2884279, Plan # 333
Schedule H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2018

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
*	National Financial Services, LLC	American Funds Capital World Fund	$ 89,412
*	National Financial Services, LLC	American Funds EuroPacific Fund	468,765
*	National Financial Services, LLC	American Funds Growth Fund of America Fund	303,123
*	National Financial Services, LLC	American Funds New Perspective Fund	182,545
*	National Financial Services, LLC	American Funds Washington Mutual Fund	77,486
*	National Financial Services, LLC	BlackRock Health Sciences Fund	89,746
*	National Financial Services, LLC	DFA Emerging Markets Core Equity Fund	148,293
*	National Financial Services, LLC	Fidelity 500 Index Fund	353,519
*	National Financial Services, LLC	Fidelity Advisor Freedom 2040 Fund	115,627
*	National Financial Services, LLC	Fidelity Advisor Technology Fund	342,813
*	National Financial Services, LLC	Fidelity US Bond Index Fund	336,203
*	National Financial Services, LLC	Franklin Utilities Fund	19,993
*	National Financial Services, LLC	iShares MSCI EAFE International Index Fund	237,599
*	National Financial Services, LLC	Oppenheimer Gold & Special Minerals Fund	44,845
*	National Financial Services, LLC	T. Rowe Price Mid Cap Growth Fund	316,247
*	National Financial Services, LLC	T. Rowe Price New Era Fund	46,411
*	National Financial Services, LLC	Vanguard Dividend Growth Fund	164,736
*	National Financial Services, LLC	Vanguard Energy Admiral Fund	39,167
*	National Financial Services, LLC	Vanguard Federal Money Market Fund	2,125,789
*	National Financial Services, LLC	Vanguard Financials Index Admiral Fund	14,173
*	National Financial Services, LLC	Vanguard Industrial Index Admiral Fund	265,328
*	National Financial Services, LLC	Vanguard Inflation Protected Securities Fund	77,646
*	National Financial Services, LLC	Vanguard Information Technology Index Fund	365,811
*	National Financial Services, LLC	Vanguard Intermediate-Term Bond Index Fund	296,325
*	National Financial Services, LLC	Vanguard Mid Cap Index Admiral Fund	129,279
*	National Financial Services, LLC	Vanguard Mid Cap Value Index Admiral Fund	61,681
*	National Financial Services, LLC	Vanguard Real Estate Index Admiral Fund	82,806
*	National Financial Services, LLC	Vanguard Short-Term Federal Admiral Fund	1,624,678
*	National Financial Services, LLC	Vanguard Short-Term Inf Prot Index Admiral Fund	4,151
*	National Financial Services, LLC	Vanguard Small Cap Growth Index Admiral Fund	1,240,719
*	National Financial Services, LLC	Vanguard Small Cap Index Admiral Fund	150,576
*	National Financial Services, LLC	Vanguard Target Retirement 2030 Fund	223,248
*	National Financial Services, LLC	Vanguard Target Retirement 2040 Fund	132,023
*	National Financial Services, LLC	Vanguard Target Retirement 2045 Fund	116,907
*	National Financial Services, LLC	Vanguard Target Retirement 2050 Fund	219,666
*	National Financial Services, LLC	Vanguard Target Retirement 2055 Fund	69,915
*	National Financial Services, LLC	Vanguard Target Retirement 2065 Fund	5,269
*	National Financial Services, LLC	Vanguard Target Retirement Income Fund	4,910
*	National Financial Services, LLC	Vanguard Total Stock Market Index Admiral Fund	3,339,129
*	National Financial Services, LLC	Vanguard Target Retirement 2035 Fund	255,805
*	National Financial Services, LLC	Vanguard Target Retirement 2060 Fund	40,708
*	National Financial Services, LLC	Vanguard Target Retirement 2025 Fund	158,833
*	National Financial Services, LLC	Vanguard Target Retirement 2020 Fund	459,600
*	National Financial Services, LLC	Vanguard Target Retirement 2015 Fund	488,262
			15,329,767
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 3.25% to 6.00%) due at various dates through August 2034)	382,761
			$ 15,712,528

Multiple-Employer Plan Participating Employer Information

EEMPLOYERS SOLUTIONS, INC. MULTIPLE EMPLOYER PLAN	Plan #333	EIN: 74-2884279
(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
Abeco Contracting Inc & MMC Contracting LLC	74-2831809	0.47%
Accu-Aire Mechanical LLC	20-3251514	6.40%
Action Coach Business Coaching	42-1548907	2.11%
APHCC Texas, Inc.	74-0490845	1.53%
B&E Contractors, Inc.	74-2708280	0.82%
BlueFolder Software, Inc.	32-0426865	3.02%
Car Pro of SA	74-2467362	0.40%
Clinical Practice Organization	76-0419797	0.25%
Dallas Trailer Repair Company, Inc. & DTR Transportation Ser	75-1554958	1.94%
eEmployers Solutions, Inc.	74-2884279	6.91%
El Paso County Medical Society	23-7301663	0.97%
Entrust Technology Consulting Services	20-4756861	3.03%
Erben Associates, LLC	74-2768305	0.80%
Gulf Coast Hardware, LLC	45-3571086	5.76%
HILL COUNTRY ALLERGY & ASTHMA PLLC HILL COUNTY COSMETICS, LL	45-5449361	3.07%
Indrill Supply of Texas, Inc.	76-0282303	0.21%
JF Filtration, Inc. dba Joe W. Fly Company	75-2565237	7.07%
K Carpenter Associates, Inc.	45-2498864	1.26%
KPN Health, Inc.	47-2058294	1.91%
Life Care Consultants, Inc.	76-0437775	0.36%
M&S Logistics, LLC	27-4408289	0.76%
Mission Springs School	74-2870009	1.54%
Mobile Maintenance	20-0770299	1.77%
Multistar Tank Leasing, LLC	72-1365002	0.33%
NestQuest Houston Inc	81-5310771	0.15%
Network Alliance, LLC	45-2486241	0.02%
New Millennium Concepts Ltd & Texado LTD	75-2787222	2.27%
North San Antonio Chamber of Commerce	74-1807552	0.52%
Northwest Houston Heart Center	20-3299829	4.62%
Original and Best, LLC dba Austin Deck Company	47-2632528	1.67%
Page Properties Corporation	84-0782340	0.09%
Prak Property Management Inc.	27-0710920	0.14%
River City Chiropractic, P.A.	74-2983480	2.64%
Rogers, Booker Lewis, P.C.	75-2585851	0.04%
Scope Management Solutions, Ltd.	20-1703996	3.06%
SPS Commerce, Inc.	76-0662404	6.01%
Stanolind Operating LLC	82-3211046	13.43%
Stan's Heating & Air Conditioning, Inc	74-1812346	8.52%
Surface Restoration	94-3425697	2.78%
The Arbor Group, LLC	74-2866580	0.23%
The Springer Law Firm, PLLC	64-0784914	0.19%
Upstream Investment Partners, LLC	27-1637972	0.92%

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR).

EEMPLOYERS SOLUTIONS, INC MULTIPLE EMPLOYER PLAN PLAN # 333 EIN #: 74-2884279

	lessor, or similar party	rate of interest, collateral, par, or maturity value		value
(a)	(b) Identity of issue, borrower,	(c) Description of investment including maturity date	(d) cost	(e) Current
	BlackRock	BTMKX - iShares MSCI EAFE International Index K		237,599
	DFA	DFCEX - DFA Emerging Markets Core Equity		148,293
	Fidelity	FATIX - Fidelity Advisor Technology		342,813
	Fidelity	FTFFX - Fidelity Adv Freedom 2040 CL T		115,628
	Franklin/Templeton	FUFRX - Franklin Utilities R6		19,993
	Fidelity	FXAIX - Fidelity 500 Index		354,139
	Fidelity	FXNAX - Fidelity US Bond Index		336,499
	Oppenheimer Funds	OGMIX - Oppenheimer Gold & Special Minerals I		44,845
	T Rowe Price	PRNEX - T_ Rowe Price New Era		46,500
	American Funds	RERGX - American Funds EuroPacifc R6		468,765
	American Funds	RGAGX - American Funds Growth Fund of America R6		305,612
	American Funds	RNPGX - American Funds New Perspective R6		182,545
	T Rowe Price	RPMGX - T Rowe Price Mid Cap Growth		317,592
	American Funds	RWIGX - American Funds Capital World G & I R6		89,412
	American Funds	RWMGX - American Funds Washington Mutual R6		77,486
	BlackRock	SHSKX - BlackRock Health Sciences K		89,746
	Vanguard	VAIPX - Vanguard Inflation Protected Securities		77,646
	Vanguard	VBILX - Vanguard Intermediate-Term Bond Index Ad		296,325
	Vanguard	VDIGX - Vanguard Dividend Growth		164,736
	Vanguard	VFAIX - Vanguard Financials Index Admiral		14,173
	Vanguard	VFFVX - Vanguard Target Retirement 2055		69,915
	Vanguard	VFIFX - Vanguard Target Retirement 2050		219,665
	Vanguard	VFORX - Vanguard Target Retirement 2040		132,023
	Vanguard	VGELX - Vanguard Energy Admiral		39,167
	Vanguard	VGSLX - Vanguard Real Estate Index Admiral		82,806
	Vanguard	VIMAX - Vanguard Mid Cap Index Admiral		129,279
	Vanguard	VINAX - Vanguard Industrial Index Admiral		265,328
	Vanguard	VITAX - Vanguard Information Technology Index Ad		365,811
	Vanguard	VLXVX - Vanguard Target Retirement 2065 Inv		5,269
	Vanguard	VMFXX - Vanguard Federal Money Market		2,128,467
	Vanguard	VMVAX - Vanguard Mid Cap Value Index Admiral		61,681
	Vanguard	VSGAX - Vanguard Small Cap Growth Index Adm		1,240,719
	Vanguard	VSGDX - Vanguard Short-Term Federal Admiral		1,624,678
	Vanguard	VSMAX - Vanguard Small Cap Index Admiral		150,576
	Vanguard	VTAPX - Vanguard Short-Term Inf Prot Index Admir		4,151
	Vanguard	VTHRX - Vanguard Target Retirement 2030		223,248
	Vanguard	VTINX - Vanguard Target Retirement Income		4,910
	Vanguard	VTIVX - Vanguard Target Retirement 2045		116,907
	Vanguard	VTSAX - Vanguard Total Stock Market Index Admira		3,339,129
	Vanguard	VTTHX - Vanguard Target Retirement 2035		255,805
	Vanguard	VTTSX - Vanguard Target Retirement 2060		40,708
	Vanguard	VTTVX - Vanguard Target Retirement 2025		158,833
	Vanguard	VTWNX - Vanguard Target Retirement 2020		459,600
	Vanguard	VTXVX - Vanguard Target Retirement 2015		488,262
	Participant Loans	3.25% to 6.00%		382,761